FULFIL

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Published in:
American Journal of Respiratory and Critical Care Medicine

DOI:
10.1164/rccm.201704-0728LE

Publication date:
2017

Document Version
Peer reviewed version

American Journal of Respiratory and Critical Care Medicine/AJRCCM

FULFIL an unmet need in COPD

Journal:	*American Journal of Respiratory And Critical Care Medicine*
Manuscript ID	Draft
Manuscript Type:	LE - Letter-to-the-Editor
Date Submitted by the Author:	n/a
Complete List of Authors:	Lipworth, Brian; University of Dundee, Scottish Centre for Respiratory Research Jabbal, Sunny; University of Dundee, Scottish Centre for Respiratory Research
Subject Category:	9.14 COPD: Pharmacological Treatment < LUNG DISEASES
Keywords:	

FULFIL an unmet need in COPD

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Word count: 263

To the Editor,

We read with interest the recent data from the FULFIL trial which showed that for both co-primary end points, triple therapy comprising inhaled corticosteroid with long acting beta-agonist and muscarinic antagonist (ICS/LABA/LAMA) was superior to twice daily dual therapy (ICS/LABA) after 24 weeks in patients with COPD (1), confirming the known benefits of dual verses single long acting bronchodilator therapy(2). It was nonetheless impressive that for trough FEV1 at 24 weeks, the mean difference of 171ml was not only statistically significant but also exceeded the minimal clinical important difference (MCID) of 100ml(3), suggesting that the impact of single inhaler triple therapy was clinically relevant. The same was not however true for SGRQ score where the mean difference of 2.2, while statistically significant, was less than the MCID of 4.0. Nonetheless there were 35% significantly fewer exacerbations at the same time point. A real life observational study with time dependent analysis in 2853 patients with COPD over 4.65 years showed a 29% significant reduction in exacerbations requiring oral corticosteroids and 15% significantly fewer hospital admissions conferred by taking once daily tiotropium in addition to twice daily ICS/LABA as separate inhalers (4). Moreover such triple therapy was associated with 35% significantly lower all cause mortality. The question remains as to whether equally impressive differences would be seen when comparing single inhalers containing ICS/LABA/LAMA and LABA/LAMA, particularly since LABA/LAMA has been shown to be superior to ICS/LABA (5). This will be important to know since combinations containing ICS are

more likely to be associated with pneumonia, especially with fluticasone furoate which has prolonged lung retention (6).

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